

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027426

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1701

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff		c. CITY OR TOWN Doniphan	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Doctor's Hospital		d. STREET ADDRESS (If outside, give location) Route #2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Walter Sylvester Harris			4. DATE OF DEATH July 25, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/2/08	9. AGE (last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker			10b. KIND OF BUSINESS OR INDUSTRY Ripley Co., Missouri U.S.A.		
13a. FATHER'S NAME William A. Harris			13b. MOTHER'S MAIDEN NAME Nancy J. Meeks		
14. NAME OF HUSBAND OR WIFE May Harris			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. [REDACTED]			17. INFORMANT Mrs May Harris Doniphan, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Bilateral cortical necrosis, old		
DUE TO (c) Adhesive pericarditis, old		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adhesive pericarditis, old		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 8:04 Month, Day, Year 7-25-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri	COUNTY Ripley Co., Missouri	STATE Missouri
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21. I attended the deceased from 7-24-63 to 7-25-63 and last saw him alive on 7-25-63 Death occurred at 8:04 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE David N. Miller M.D.	22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 7-29-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-63	23c. NAME OF CEMETERY OR CREMATORY Bellevue Cemetery	23d. LOCATION (City, town, or county) (State) Ripley Co., Missouri
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24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 8-2-1963	26. REGISTRAR'S SIGNATURE Thelma Graham
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 1963



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Jack L. Cunningham, Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed Gene H. Parrent

Licensed Embalmer No. 4809
P. O. Address Naylor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.